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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/625,136
	Filing Date	July 22, 2003
	First Named Inventor	Drew Hoffman
	Art Unit	Unknown
	Examiner Name	Unknown
Total Number of Pages in This Submission	1	Attorney Docket Number 106-2-005 AAT-2.004

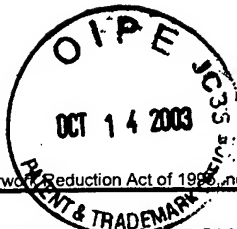
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Signature	
Date	October 8, 2003

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PTO/SB/82 (09-03)

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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/625,136
Filing Date	July 22, 2003
First Named Inventor	Drew Hoffman
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	10/625,136 AAT-2.004

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

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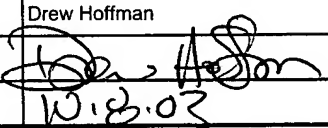
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name Drew Hoffman

Signature 

Date 10.8.03

Telephone

(503) 224-2731

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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